SIGNATURE:

Apr 05, 2000 8:00 am Secretary of State DOCUMENT # M94893 1. Entity Name DESTY, INC. 01-13-2000 90004 024 ***150.00 Principal Place of Business Mailing Address 3595 GORDON DRIVE 3595 GORDON DRIVE NAPLES FL 34102-7909 NAPLES FL 34102 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0065005 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Street Address (F.O. Box Number is Not Acceptable) FORSYTH, JOHN F., ESQ. -600 FIFTH AVE. SOUTH #210 NAPLES FL 34102 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing poquirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 77. ☐ Del ate TITE F TITLE YAWNEY, EDWARD T. NAME NAME STREET ADDRESS STREET ADDRESS 3595 GORDON DR CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Change ☐ Addition ☐ Del ata TITLE TITLE YAWNEY, SUSAN O. NAME NAME STREET ADDRESS STREET ADDRESS 3595 GORDON DR CITY-ST-7IP CITY-ST-ZIP NAPLES FL Change · [Addition TITLE D ----"Delete" TITLE" YAWNEY, J. DEVON NAME NAME STREET ADORESS STREET ADDRESS 3595 GORDON DR CITY-ST-ZIP NAPLES FL -----CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE YAWNEY, P. TAYLOR NAME NAME STREET ADDRESS STREET ADDRESS 3595 GORDON-DR CITY-ST-ZIP CITY-ST-7IP NAPLES FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.